



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Board Of Physical Therapy Examiners

EXAM QUESTIONNAIRE

Applicants for Licensure by Examination or Transfer of Examination Score

THIS QUESTIONNAIRE IS TO BE COMPLETED AND RETURNED WITH YOUR APPLICATION.

1. Have you ever taken the national licensing examination? ____ If yes, state where and give dates(s).

2. Where your scores accepted as passing by any licensing board? ____ If yes, state where and give date(s).

3. Are you presently registered with any other state to take the national licensing examination? ____ If yes, state where and when.

I hereby certify that the answers given are true to the best of my knowledge.

Printed name

Date signed

Signature

(Revised 2/15/06)